



ADULT OUTDOOR FITNESS CLASS

**PROPER ATTIRE REQUIRED
(EX: EXERCISE CLOTHING AND SNEAKERS)**

HELEN CLARK, INSTRUCTOR

**PERSHING FIELD PARK TRACK
Mondays at 7:00 p.m.**

**Train How to Run - Come and Walk
Get in shape for 5K races**

**Begins in Mid March
(Weather Permitting)**

**For Further Information Please Contact
Helen at 201-920-6649 or visit jerseycitynj.gov.**



**PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL
AND THE DEPARTMENT OF RECREATION**



**For more information, contact Helen at 201-920-6649
or visit jerseycitynj.gov.**

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MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION



ADULT OUTDOOR FITNESS CLASS

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Adult Outdoor Fitness Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.

Signature: _____ Date: _____